



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

ACADIAN AMBULANCE SERVICES

Respondent Name

TEXAS MUTUAL INSURANCE CO

MFDR Tracking Number

M4-14-2906-01

Carrier's Austin Representative

Box Number: 54

MFDR Date Received

MAY 19, 2014

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "...Contact by telephone was attempted to the patient's residence for insurance information. The patient did not respond to the voice message. After several days, the patient's account was sent to an outside source to attempt to contract patient for billing information. On October 22, 2013 Acadian Ambulance received a call from a collection agency with the workers' compensation insurance information. Texas Mutual was contacted to verify the information given. On November 11, 2013 a HCFA and medical records were printed and mailed to Texas Mutual. Please reconsider this bill for payment regarding the reason the claim was submitted beyond the time limit."

Amount in Dispute: \$606.64

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "...ACADIAN AMBULANCE SERVICE states it did not receive the correct billing information from the claimant. It also states it was notified on 10/22/13 by a collection agency of the name of the workers' compensation insurance carrier, Texas Mutual. Texas Mutual on 11/10/13 received the bill from ACADIAN AMBULANCE SERVICE... ACADIAN AMBULANCE SERVICE argues it complied with this Rule and should be paid. Texas Mutual does not agree for the following reasons. The Labor Code at 408.0272(b) says in effect that a provider who does not file the bill timely does not automatically lose the right to reimbursement. IF the provider can show proof that it did submit the bill within 95 days to (A) a group accident and health insurer, (B) a health maintenance organization, or (C) a worker's compensation carrier other than the correct one... ACADIAN AMBULANCE SERVICE goes to inclosing '...Our claim was filed in accordance with Texas Labor Code 408.0272(c)...that once a health care provider has been notified of the erroneous submission, the health care provider has 95 days to submit the claim for payment...' Again ACADIAN fundamentally misunderstand that Section (c) only applies if the requirement of section (b) has been met, And unfortunately, ACADIAN did not meet section (b). Thus, no payment is due."

Response Submitted by: TEXAS MUTUAL INSURANCE

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
June 20, 2013	Ambulance Service	\$606.64	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for health care providers to pursue a medical fee dispute.
2. 28 Texas Administrative Code §133.20 sets out the procedures for health care providers to submit workers' compensation medical bills for reimbursement.
3. 28 Texas Administrative Code §102.4 sets out the rules for non-Commission communications.
4. Texas Labor Code §408.027 sets out the rules for timely submission of a claim by a health care provider.
5. Texas Labor Code §408.0272 sets out the rules for certain exceptions for untimely submission of a claim by a health care provider.
6. The services in dispute were reduced/denied by the respondent with the following reason codes:
 - 29 – The time limit for filing has expired.
 - W1 – Workers Compensation State Fee Schedule adjustment.
 - 731 – Per 133.20 provider shall not submit a medical bill later than the 95th day after the date the service, for services on or after 9/1/05.
 - 899 – Documentaiton and file review does not support an emergency l accordance with Rule 133.2.

Issues

1. Is the timely filing deadline applicable to the medical bills for the services in dispute?
2. Did the requestor forfeit the right to reimbursement for the services in dispute?

Findings

1. 28 Texas Administrative Code §133.20(b) states, in pertinent part, that, except as provided in Texas Labor Code §408.0272, "a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided. In accordance with subsection (c) of the statute, the health care provider shall submit the medical bill to the correct workers' compensation insurance carrier not later than the 95th day after the date the health care provider is notified of the health care provider's erroneous submission of the medical bill. A health care provider who submits a medical bill to the correct workers' compensation insurance carrier shall include a copy of the original medical bill submitted, a copy of the explanation of benefits (EOB) if available, and sufficient documentation to support why one or more of the exceptions for untimely submission of a medical bill under §408.0272 should be applied..." Review of the documentation submitted by the requestor finds no convincing documentation was found to support that any of the exceptions described in Texas Labor Code §408.0272 apply to the services in this dispute. For that reason, the requestor in this dispute was required to submit the medical bill not later than 95 days after the date the disputed services were provided.
2. Texas Labor Code §408.027(a) states, in pertinent part, that "Failure by the health care provider to timely submit a claim for payment constitutes a forfeiture of the provider's right to reimbursement for that claim for payment." 28 Texas Administrative Code §102.4(h) states that "Unless the great weight of evidence indicates otherwise, written communications shall be deemed to have been sent on: (1) the date received, if sent by fax, personal delivery, or electronic transmission or, (2) the date postmarked if sent by mail via United States Postal Service regular mail, or, if the postmark date is unavailable, the later of the signature date on the written communication or the date it was received minus five days. If the date received minus five days is a Sunday or legal holiday, the date deemed sent shall be the next previous day which is not a Sunday or legal holiday." Review of the submitted information finds no documentation to support that a medical bill was submitted within 95 days from the date the services were provided. Therefore, pursuant to Texas Labor Code §408.027(a), the requestor in this medical fee dispute has forfeited the right to reimbursement due to untimely submission of the medical bill for the services in dispute.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

_____	_____	November 24, 2014
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, 37 *Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.